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Details:

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

**Committee on ... Labor, Elections, and Urban
Affairs (SC-LEUA)**

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**



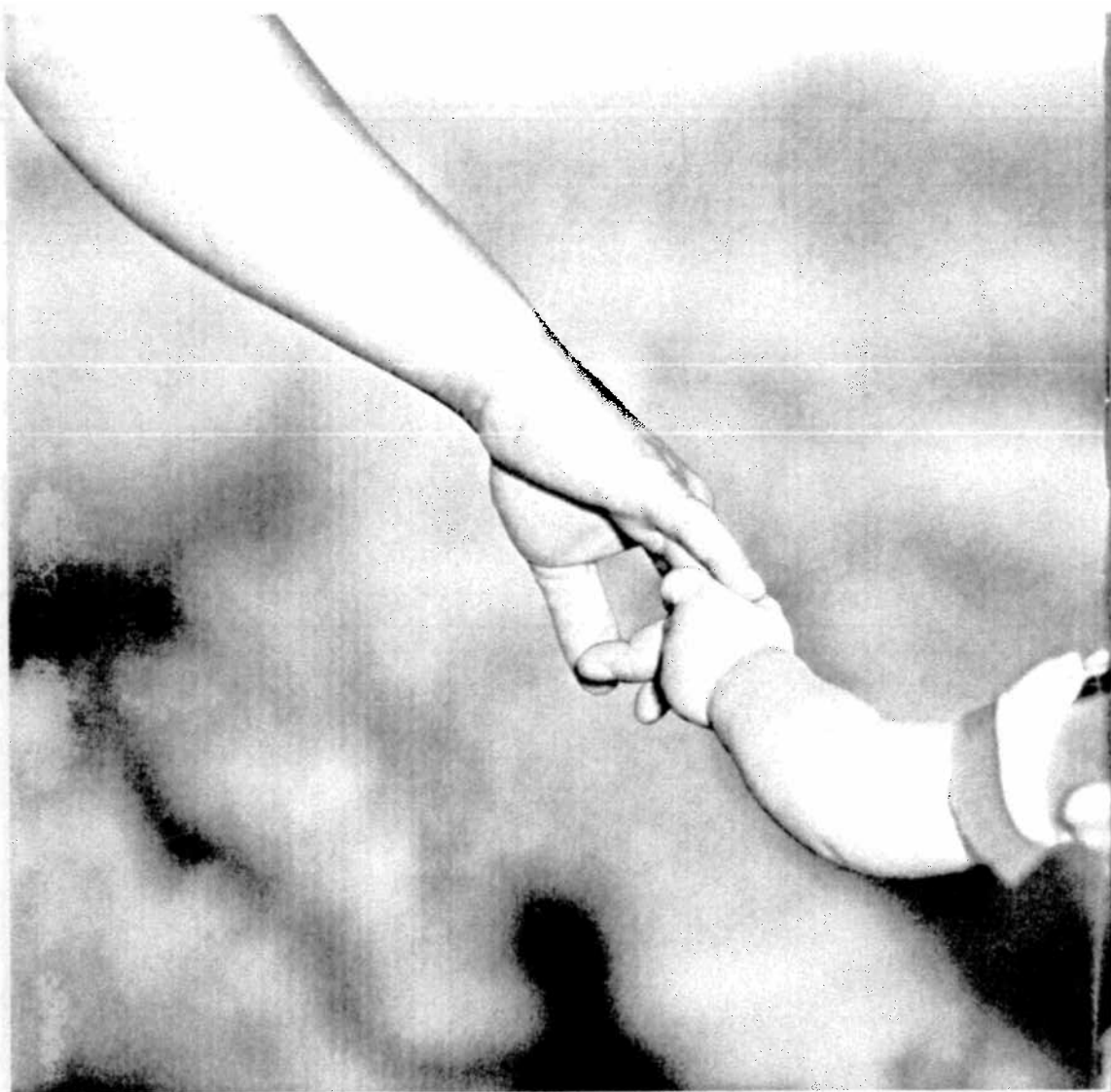
PLANNING FOR YOUR SURVIVORS

A useful record-keeper that will help
protect your loved ones after you're gone



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PLANNING FOR **YOUR SURVIVORS**

**A useful record-keeper that will help
protect your loved ones after you're gone**



Most of us like to think that we'll live forever. For that reason, many people die without a will or orderly records, leaving behind a tremendous burden for their grieving spouse and family.

If you are one of those who has yet to put your house in order, this recordbook is the ideal starting point. Inside, you will find pages for listing important information on insurance, bank accounts, deeds, debts and funeral arrangements.

The records you'll keep here will save your spouse and other survivors from having to search for documents after you're gone, and will ensure that your wishes are carried out in your absence.

No matter what your age, we urge you to sit down with your family as soon as possible and start filling in the pages of this book. Then, put the book in a safe place — along with your will and other important papers — and let your family know where to find it in the event of your death.

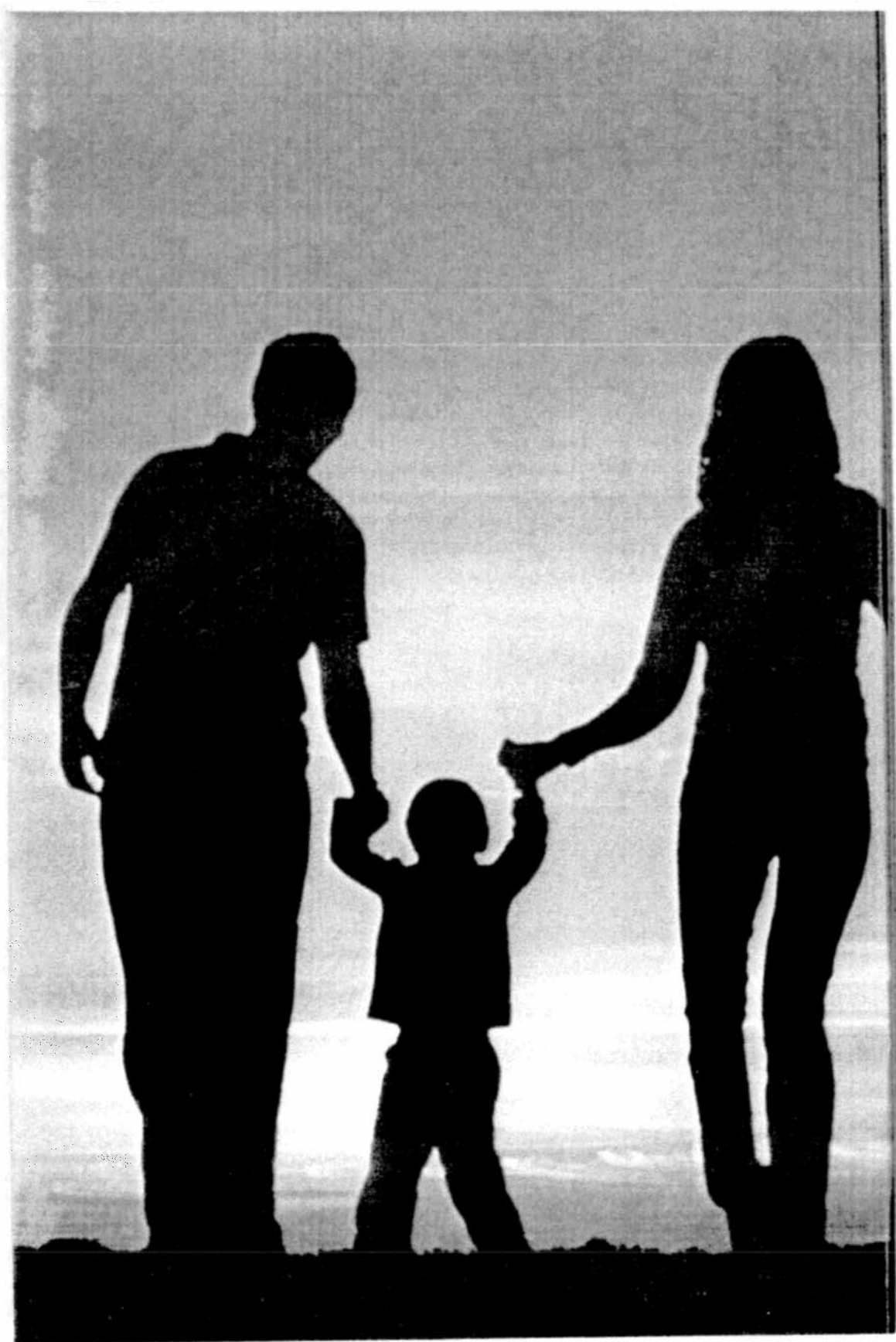
The fact is, none of us lives forever. Better to face reality now, and protect loved ones while you can.

A handwritten signature in cursive script, reading 'Gerald W. McEntee'.

Gerald W. McEntee
International President

A handwritten signature in cursive script, reading 'William Lucy'.

William Lucy
International Secretary-Treasurer

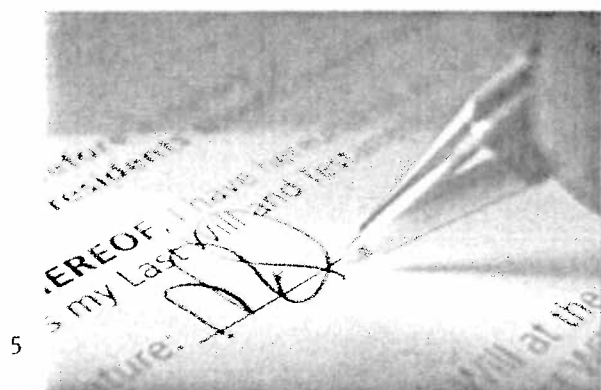


IMPORTANT FACTS

We all need to put our affairs in order before we can plan for the future. That's why it is a good idea to fill in the pages of this recordbook and review the details along with your spouse or other family members.

The next step is to meet with your lawyer, who can help you prepare a will.

Don't put off for tomorrow what you should do today! Start now, by listing the information on the next page.



This Book Belongs To _____

AFSCME Retiree Chapter _____

Contact Person _____ Phone _____

Address _____

Husband's Employer (or Last Employer) _____

Phone _____

Address _____

Wife's Employer (or Last Employer) _____

Phone _____

Address _____

Attorney _____ Phone _____

Address _____

Accountant _____ Phone _____

Address _____

Other Contacts _____ Phone _____

INCOME, SAVINGS, INVESTMENTS

If your survivor must be guaranteed an adequate income, you should seriously consider the survivor options of your public-sector pension plan. The benefits specialist where you work may be able to help you make the right choice for your particular needs.

Social Security

Address of Local Social Security Office: _____

Phone: _____

Wife's No. _____

Husband's No. _____

Est. Monthly Survivor Benefit: _____

Death Benefit: _____

Pension

Employer or Pension Fund _____

Address _____

Phone _____ Option Selected _____

Employer or Pension Fund _____

Address _____

Phone: _____ **Option Selected** _____

Employer or Pension Fund _____

Address _____

Phone _____ **Option Selected** _____

Deferred Compensation

(e.g., 401(k), 403-b or 457 plans)

Employer or Plan Administrator _____

Address _____

Phone _____ **Where Held** _____

Employer or Plan Administrator _____

Address _____

Phone _____ **Where Held** _____

Annuity Plan

Company _____

Address _____

Phone _____

Representative _____

Veterans' Benefits

VA Office _____

Phone _____ G.I. No. _____

Savings Account(s)

Bank _____

Location _____

In Name Of _____ Phone _____

Account No. _____

Passbook is kept _____

Bank _____

Location _____

In Name Of _____ Phone _____

Account No. _____

Checkbook is kept _____

Credit Union (C.U.) Accounts

C.U. _____ Phone _____

Account No. _____

In Name Of _____

C.U. _____ Phone _____

Account No. _____

In Name Of _____

Certificates of Deposit:

Bank _____ Certificate No. _____

In Name Of _____

Due Date _____ Value _____

Bank _____ **Certificate No.** _____

In Name Of _____

Due Date _____ **Value** _____

Bank _____ Certificate No. _____

In Name Of _____

Due Date _____ Value _____

Stocks & Bonds

Brokerage Firm _____

Address _____

Phone _____ **Broker** _____

Name or Type of Bond _____

Serial Number _____ Face Value _____

Name or Type of Bond _____

Serial Number _____ **Face Value** _____

Name of Stock _____

Number of Shares _____

Name of Stock _____

Number of Shares _____

Mutual Fund _____

Account Number _____

In Name Of _____

Mutual Fund _____

Account Number _____

In Name Of _____

List any additional stocks & bonds here: _____

Individual Retirement Accounts (IRAs)

Company _____

Phone _____

Account No. _____

In Name Of _____

Company _____

Phone _____

Account No. _____

In Name Of _____

Safety Deposit Box

Bank _____

Location _____

Key Number _____

Location of Key _____

Person Authorized to Open Box _____

Contents _____

Notes: _____

INSURANCE COVERAGE

Insurance benefits payable to your survivor could mean the difference between a meager existence and living well. So, you'll need to make sure that your policies are in force — those that are paid-up as well as those on which you are currently paying premiums — and list them here. Then, check to see that your policies are being kept in a safe place.

Life Insurance

HUSBAND

Employer Plan _____

Contact _____

Account _____

Amount _____ Beneficiary _____

Additional Life Insurance:

Company _____

Policy Number _____

Amount _____

Premium Due _____

Beneficiary _____

Agent _____

Agent's Phone _____

Policy is Kept _____

WIFE

Employer Plan _____

Contact _____

Account _____

Amount _____ Beneficiary _____

Additional Life Insurance:

Company _____

Policy Number _____

Amount _____

Premium Due _____

Beneficiary _____

Agent _____

Agent's Phone _____

Policy is Kept _____

Disability Insurance

Company _____

Phone _____ Policy No. _____

In Name Of _____

Health Insurance

Company _____

Phone _____ Policy No. _____

In Name Of _____

Company _____

Phone _____ Policy No. _____

In Name Of _____

Homeowners Policy

Company _____

Phone _____ Policy No. _____

Amount _____

Premium Due _____

Policy is Kept _____

Auto Insurance

Car No. 1: Make _____

Vehicle Number _____

Insurance Company _____

Policy Number _____

Agent _____

Agent's Phone _____

Car No. 2: Make _____

Vehicle Number _____

Insurance Company _____

Policy Number _____

Agent _____

Agent's Phone _____

Location of Policies _____

Notes:

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DEEDS, TITLES, CREDIT

The property you own and the titles you hold are investments that should be protected. You may want to consider buying insurance that will pay off outstanding debts upon your death.

Your Home

Home Mortgage Company _____

Address _____

Phone _____ Account No. _____

Monthly Payment _____ Due Date _____

Location of Title Paper _____

Other Real Estate Property

Site _____

Lot No. _____

Lender _____

Address _____

Phone _____

Monthly Payment _____

Location of Title Paper _____

Site _____
Lot No. _____
Lender _____
Address _____
Phone _____
Monthly Payment _____
Location of Title Paper _____

Gravesite

Site _____
Lot No. _____
Site _____
Lot No. _____
Location of Title Paper _____

Automobile Titles

Make of Car _____ Vehicle No. _____
Lender _____
Address _____
Phone _____
Monthly Payment _____ Location of Title _____
Registration _____
Make of Car _____ Vehicle No. _____
Lender _____
Address _____

Phone _____

Monthly Payment _____ Location of Title _____

Registration _____

Credit Cards

Company _____ Phone _____

Name on Card _____ Card No. _____

Company _____ **Phone** _____

Name on Card _____ **Card No.** _____

Company _____ Phone _____

Name on Card _____ Card No. _____

Company _____ **Phone** _____

Name on Card _____ **Card No.** _____

Company _____ Phone _____

Name on Card _____ Card No. _____

Additional Cards: _____

Personal Debts

Amount \$ _____

Payment Due Date _____

Bank, Company or Person Owed _____

Account Number _____

Address _____

Phone _____

Amount \$ _____

Payment Due Date _____

Bank, Company or Person Owed _____

Account Number _____

Address _____

Phone _____

List any additional debts below: _____

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FUNERAL/MEMORIAL ARRANGEMENTS

Remember, whatever you arrange today can help your survivors in time of grief, when important decisions are hard to make. A funeral director might encourage your loved ones to buy expensive and unneeded services, and they may not have much sales resistance. Plans made now can save them headaches later on.

Husband

Funeral Home or Crematorium _____

Phone _____

Body Donated to _____

Phone _____

Donated Organs to _____

Phone _____

Location of Signed Donor Cards _____

Cemetery _____

Lot _____

Memorial Services:

Funeral at _____

Religious Services _____

Memorial at _____

Other _____

Wife

Funeral Home or Crematorium _____

Phone _____

Body Donated to _____

Phone _____

Donated Organs to _____

Phone _____

Location of Signed Donor Cards _____

Cemetery _____

Lot _____

Memorial Services:

Funeral at _____

Religious Services _____

Memorial at _____

Other _____

Notes: _____

WILLS, PERSONAL EFFECTS

There is only one way to ensure that, upon your death, your assets and possessions will be distributed as you see fit: Make a will. If you do not already have a will, see a reputable lawyer as soon as possible.

Wills

Husband's Will Dated _____

Executor _____

Drawn Up By _____

Address _____

Phone _____

Location of Original _____

Location of Copies _____

Wife's Will Dated _____

Executor _____

Drawn Up By _____

Address _____

Phone _____

Location of Original _____

Location of Copies _____

Location of Other Important Papers

Birth Certificate(s) _____

Marriage/Divorce Certificates _____

Citizenship Papers _____

Military Papers _____

Tax Records _____

Bank Books _____

Other _____

Location of Valuables, Personal Property

NOTES AND SPECIAL INSTRUCTIONS

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

Lined area for writing or drawing, consisting of multiple horizontal lines.

Lined area for writing or drawing, consisting of 25 horizontal lines.



Retired or Nearing Retirement? Join the AFSCME Retirees!

The AFSCME Retirees program hopes you will find this record book a useful tool in planning for the future. We think it can help protect your interests and ensure that your spouse is protected, too.

For the same reason, we're urging you to become a member of the AFSCME Retirees. There's no better way to protect your hard-earned pension and the other public-sector retirement benefits you well deserve.

The AFSCME Retirees, launched by the International Union in 1980, now has more than 235,000 members in 250 state and local groups nationwide. Our members are working together to protect public-sector pensions and improve health care benefits, and to preserve vital federal programs such as Social Security and Medicare.

AFSCME retiree-members lobby Congress, appeal to state legislatures, even fight city hall — all with the full support of AFSCME Councils, Locals and the International Union. AFSCME's *working members* firmly believe that public-sector retirees have an important place in the AFSCME family, and can continue to make vital contributions to our Union, our communities and our nation.

If you are retired or about to retire, protect your interests by contacting the AFSCME retiree chapter in your area. (You'll find a list of chapters on the web site: www.afscme.org.) *If there is no chapter in your area, or if you aren't sure how to reach your local chapter, please fill out the attached card and mail it directly to the AFSCME Retirees in Washington, D.C. (the card is self-addressed and no postage is necessary). We'll be happy to send you information on how to get involved.*

Get Into
the Action
With the
AFSCME
Retirees!



☐ **Yes! I'm retired/about to retire. Send me information on the AFSCME Retirees.**

Name _____

Spouse's Name _____
(if applicable)

Address _____

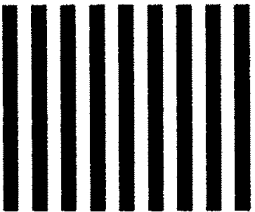
City _____ State _____ Zip _____

Are you or have you been an AFSCME member? ☐ Yes ☐ No

If yes, AFSCME Council # _____, Local # _____

Retired/Retiring from _____
(Department or Agency)

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